

New Jersey Department of Environmental Protection  
General Services  
Examinations & Licensing Unit

## OFFICE USE ONLY

App. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

Initial Lic. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR  
NEW JERSEY PUMP INSTALLER LICENSING EXAMINATION**

**INSTRUCTION SHEET**

Enclosed is an application and study material for the **New Jersey Pump Installer Licensing Examination**.

- All applicants **must** circle the appropriate test month.
- All applicants **must** attach a copy of their high school diploma or GED certificate to the application.
- All applications and your two reference questionnaires, FORM ADM-166B, **must** be completely filled out and notarized or your application will be rejected.
- In order to qualify for the New Jersey Pump Installer License you **must** have at least one year of experience in pump installation work as of the signature date on the application.

A non-refundable \$35.00 check made out to the "Treasurer, State of New Jersey" should be enclosed with the application and the completed package sent to the following address:

New Jersey Department of Environmental Protection  
Examinations & Licensing Unit  
PO Box 441  
Trenton, New Jersey 08625-0441

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

**NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS**  
**Applications must be postmarked by the appropriate closing date.**

Regularly scheduled examinations will be held during the second or third week of each test month.

|   | <b><u>TEST MONTH</u></b> | <b><u>APPLICATION<br/>CLOSING DATE</u></b> |
|---|--------------------------|--|
| (Please circle the appropriate month you wish to be tested) ➡ | June                     | May 1                                      |
|   | December                 | November 1                                 |

| NAME, ADDRESS & TELEPHONE # OF EMPLOYER | DESCRIBE YOUR DUTIES & RESPONSIBILITIES | DATES EMPLOYED |
|---|---|----------------|
|   |   | From           |
|   |   | To             |
|   |   | From           |
|   |   | To             |
|   |   | From           |
|   |   | To             |
|   |   | From           |
|   |   | To             |

**C. VERIFICATION OF WORK EXPERIENCE**

Applicant must provide the names of at least two references who can verify your pump installation work experience listed above in Section B of this application. One of your two references must be either a NJ licensed Master or Journeyman Well Driller, or a NJ licensed Pump Installer. These two references must complete and sign the reference questionnaires, FORM ADM-166B.

| NAME | ADDRESS | PHONE NO. | N.J. WELL DRILLER/<br>PUMP INSTALLER<br>REGISTRATION #<br>(if applicable) |
|------|---------|-----------|---|
|      |         | ( )       |   |
|      |         | ( )       |   |

**D. OATH OF APPLICANT**

*I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Official Seal)

New Jersey Department of Environmental Protection  
General Services  
Examination & Licensing Unit  
PO Box 441, Trenton, NJ 08625-0441

**PUMP INSTALLER LICENSING EXAMINATION**

**REFERENCE QUESTIONNAIRE  
AND VERIFICATION OF EXPERIENCE**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_

**I. EXPERIENCE QUESTIONNAIRE**

I. How many years/months have you supervised the applicant in pump installation activities?

FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

**II. NOTARIZED OATH OF REFERENCE**

*I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's/Pump Installer's

Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
Signature of Notary Public

New Jersey Department of Environmental Protection  
General Services  
Examination & Licensing Unit  
PO Box 441, Trenton, NJ 08625-0441

**PUMP INSTALLER LICENSING EXAMINATION**

**REFERENCE QUESTIONNAIRE  
AND VERIFICATION OF EXPERIENCE**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_

**I. EXPERIENCE QUESTIONNAIRE**

1. How many years/months have you supervised the applicant in pump installation activities?

**FROM:** Month \_\_\_\_\_ Year \_\_\_\_\_ **TO:** Month \_\_\_\_\_ Year \_\_\_\_\_

**II. NOTARIZED OATH OF REFERENCE**

*I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's/Pump Installer's

Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day

of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

*(Official Seal)*

\_\_\_\_\_  
Signature of Notary Public



## **REMINDER:**

- Have you completed all appropriate sections of your application?
- Have you indicated which test month you wish to take your examination?
- Have you attached a copy of your high school diploma or GED certificate?
- Have you signed and notarized your application?
- Have you attached your two signed and notarized reference questionnaires, FORM ADM-166B?
- Have you attached your non-refundable \$35.00 application fee payable to "**Treasurer, State of New Jersey**"?